I've gotten used to ignoring them and I think, as a result, they've kind of given up on me. I think that's what it's like with all our dreams and our nightmares, Martin, we've got to keep feeding them for them to stay alive. *From the movie A Beautiful Mind* (2001).

**Mania**

“There is a particular kind of pain, elation, loneliness, and terror involved in this kind of madness. When you're high it's tremendous. The ideas and feelings are fast and frequent like shooting stars, and you follow them until you find better and brighter ones. Shyness goes, the right words and gestures are suddenly there, the power to captivate others a felt certainty. There are interests found in uninteresting people. Sensuality is pervasive and the desire to seduce and be seduced irresistible. Feelings of ease, intensity, power, well-being, financial omnipotence, and euphoria pervade one's marrow. But, somewhere, this changes.” *Kay Redfield Jamison, An Unquiet Mind*

**Goal Setting: Strengths, Interests, and Abilities**

Why is it that there are some people with mental illnesses that are highly motivated and easily integrated into the community while there are others that are isolated from society and unwilling to engage in any type of skills training with their service provider? Such people because of past history are labeled “incapable of,” “too symptomatic to,” or “unable.” Many people living with mental illnesses are bored. I think that the system needs to be persistent in trying to motivate these individuals. Focusing on a person’s strengths, interests, and abilities may lead them to become aware that they are capable of doing more. The more we prioritize deficits the more they will believe that mental illness equates to an inability to lead a productive life. There are many ways to be active in the community. Use your strengths, interests, and abilities as the foundation for developing recovery goals. Research has shown that participating in service to others is not only rewarding but also it can strengthen your own recovery. Goal setting is one of the fundamental ways to develop basic life skills that are necessary to stay functioning in the community and out of psychiatric hospitals. The idea is to develop these goals by utilizing your strengths, interests and abilities. The illness does not define the individual. You are much more than your diagnosis.

“A recent study has found that 28 percent of homeless people with previous psychiatric hospitalizations obtained some food from garbage cans and 8 percent used garbage cans as a primary food source.”
Consequences of Non-Treatment

The following statistics come from the www.treatmentadvocacycenter.org website.

7.7 million – Approximate number of U.S. adults with severe mental illness (3.3% of the population).

3.5 million – Approximate number of U.S. adults with untreated severe mental illness in any given year (1.5% of the population).

5.1 million – Approximate number of U.S. adults with severe bipolar disorder (2.2% of the population).
40% - Percentage of those with severe bipolar untreated in any given year.

2.6 million – Approximate number of U.S. adults with schizophrenia (1.1% of the population).
51% - Percentage of those with schizophrenia untreated in any given year.

216,000 – Approximate number of homeless U.S. adults with untreated severe mental illness.

400,000 – Approximate number of U.S. adults with untreated mental illness in jails or prisons.

The Voice of the Clients

Each day, thousands of individuals seek treatment for various behavioral health challenges, often finding solace in the comfort of a peer who has gone through similar experiences. This is what I aspire to be at Coastal Behavioral Healthcare. I believe that the greatest thing a peer specialist can offer someone is their recovery story. I do work, I always take my medication, and I never use alcohol or drugs. When I talk with individuals about some of the struggles that I have overcome to be where I am today I often receive feedback like, “Nathaniel, you know us best because you’ve been where we are.” Each day I roll out of bed and do the best I can. But my life is far from symptom free. The best advice I have ever received is to take one day at a time.
As an employee of Coastal Behavioral Healthcare’s crisis stabilization unit (CSU) I have noticed the number of people that come into the unit because they are abusing K2/Spice. I want to educate CBH clients about the dangers of K2/Spice. For this purpose I met with Robert Tabor, prevention specialist supervisor for Coastal Behavioral Healthcare. I hope that you, the reader, find the Q&A informative.

Question #1
K2 has been labeled as “synthetic marijuana”. How does it differ from regular marijuana?

Robert Tabor:
K2 is synthetic marijuana that is a mixture of chemicals sprayed on herb mixtures to imitate the high of marijuana. It is contaminated with multiple unknown toxic substances.

Question #2
Why are so many people who abuse K2 going to Emergency Rooms and acute care facilities like our CSU?

Robert Tabor:
People are being admitted to local ER’s, CSU’s etc because of the side effects that have been caused by synthetic (designer) marijuana. Some of the severe side effects include: chest pain, seizures, rapid heartbeat, nausea, vomiting, panic attacks, paranoia, suicidal thoughts, and psychosis. This is not just a local epidemic, this is state-wide.

Question #3
What is law enforcement doing about the distribution of synthetic marijuana (K2, Spice)?

Robert Tabor:
The sale of K2/Spice is considered illegal HOWEVER it’s illegal based on the chemical components. Once the components change, enforcement of such is no longer available.

Law enforcement is aware of the shops that are actively displaying and selling this drug. Law enforcement, County Government and Authorities are working to pass a strong and enforceable County Ordinance. This will not only allow for civil fines but also criminal prosecution.

Question #4
Is there a significant rate of overdose?

Robert Tabor:
Unfortunately, I do not have the data specific to overdose rates. Through the Behavioral Health Strategic Planning Work Group, we have started collecting data from area providers, adults and adolescents within Sarasota County. The goal is to obtain voluntary data that can be utilized for public awareness and education to avoid future overdoses that may occur. Look for public forums, etc in the next few months.

Question #5
What do you see for the future of K2 abuse?

Robert Tabor:
I believe that as a community, our primary goal is to educate and inform both adults and adolescents not only of K2, but the dangers associated with it. On a legal end, it is our hope and belief that the stores/shops that are currently selling the products will comply with code enforcement relating to the ordinance. It is not a problem that is going away therefore, we must educate as much as possible regarding the dangerous side effects of this substance.
Success Story

“Benjamin”
In 2004 “Benjamin” was living out of state and was diagnosed with schizoaffective disorder. In 2005 he made the move to Florida to live with his mother. It was around this time that Benjamin started having suicidal thinking, which he attributes to wanting to “hurry up the process of the world understanding Jesus and other religious concepts.” Between 2005 to 2007 Benjamin was in and out of Coastal Behavioral Healthcare’s Crisis Stabilization Unit (CSU) and other local crisis units for a total of 9 or 10 times. He says that, “my thinking kept changing. Soon I realized suicide was not the answer and I began to live with the assumption that I will be here a long time.”

In 2008 Benjamin started taking Clozapine. Currently he is a client of one of Coastal Behavioral Healthcare’s FACT teams. “I have a complete treatment team and the services they provide are very convenient. I feel lucky to be a client.” Benjamin has not used alcohol or drugs since 2007. He says that he even quit smoking cigarettes a year ago.

He has completed vocational rehabilitation and wants more than anything to start working again. “I am sensitive to the environment I am in. There are things I am able to do and things that I am unable to do.” Benjamin would like to work somewhere that is not crowded, maybe at a park or somewhere he is by himself, he says.

“Without the services I have received at Coastal Behavioral Healthcare, I would probably be on the streets or dead.”

From the Editor:
Have you ever heard the expression, “I would never have known you had a mental illness?” Benjamin is clearly one of these people. He obviously is doing very well with his recovery from difficult times. I hope his story shows that people can get better. The person I interviewed today for my client newsletter is living proof of that.

Please feel free to contact the editor if you have a possible success story for future issues of Our Voices, Our Visions.

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Lyrical Corner

Blackbird

Blackbird singing in the dead of night. Take these broken wings and learn to fly. All your life you were only waiting for this moment to arise.

Blackbird singing in the dead of night. Take these sunken eyes and learn to see. All your life you were only waiting for this moment to be free.

Blackbird fly Black bird fly Into the light of the dark black night.

Blackbird singing in the dead of night. Take these broken wings and learn to fly. All your life you were only waiting for this moment to arise. You were only waiting for this moment to arise. You were only waiting for this moment to arise.

Lyrics by John Lennon and Paul McCartney
Mental Illness Miracles: Memoirs of Connection in the Darkness
by Nathaniel Hall

I look into a dark room only to see people hidden underneath the linen. How many people benefit from what I have to say? I look into the eyes of those who come to hear my stories and I strangely see in them myself many years ago. I make a connection through sharing my own knowledge that has come from my own experiences with mental illness. There is no way to determine if they take with them what I offer. All I can say is that I have seen a smile emerge from what was once a pale gaze. If only I could capture the look in a person’s eyes when I reveal the details and history of my own struggles? I refer to the outer realms of my own reality: the signs on the downtown stores had hidden codes telling me of the danger that lies ahead. The therapist searches the depths of my mind to find ways to increase my functioning. The road to recovery has become safe from the problems of a forgotten era –dextromethorphan and alcohol. The grunge music rock star’s tune echoes in my head. There is nothing like making a connection with someone who is lost in the darkness. I was once lost in the darkness. A taunting voice chuckled at my efforts to regain my sanity. But somehow in the last 15 years I found light at the end of the tunnel. There is a sense of sanity now that was once a world of strange perceptions. What I say is no longer a muttered mess of delusional context. Mental illness miracles emerge from delusions in the darkness.

I have heard stories of people being told by their psychiatrist “this is the best that you will ever be.” I find this to be an outrageous statement to make to any person. I have always believed that recovery is endless. I have personally had many psychiatrists and several therapists since mental health became an issue in my life. I was over - medicated and some of the highly paid doctors I saw really didn’t know what to do with me. It was around this time that someone made a connection with me in my darkness. For anonymity purposes, I will call him Dr. Livingston. Dr. Livingston may be the person who literally saved my life. He tried to dig a little deeper into what confused other therapists that I had seen. His calm demeanor brought comfort to my life in many ways. He truly went above and beyond to save someone whose recovery could have slipped through the cracks. Because of the successful experience I have had with Dr. Livingston, it leads me to believe that everyone who lives with a mental illness needs individual psychotherapy or what is called “talk therapy.”

Many ask me, “Why are you so open about having a mental illness?” People have told me that I act as if I am proud to have a mental illness. I use my mental illness as an example of how people can get better. We need more advocates in the community. We need more family members to share the story of their loved one’s struggles and achievements. Generous contributions to local programs that help people who struggle with behavioral health issues can make a significant difference. What will you do to help? The more we educate our communities about what it is like to live with mental illness the more stigma will be eradicated. It is concerning that there are many in society that are homeless and hungry who have severe and persistent mental illnesses that go untreated for far too long. I wonder why we have more mentally ill people in jails and prisons than we do in psychiatric hospitals. The last seven years of working in the mental health field has shown me that all people living with mental illness can improve. Keep hope alive that things will balance out over time and that darkness will become not only light – but life.

Thank you for reading my newsletter. Please enjoy the poetry corner on the next page.
Broken Wings, Broken Brain
Broken wings, broken brain -
Let me help you spread your wings.
‘Cause I know that you will fly again.
Broken wings, broken brain –
Your meds will make your thinking clear again.

They told you that you would never fly. Now you’re above them -
Now you’re in their sky.
Broken wings, broken brain
The sun has finally replaced that cold rain again.

I think that you have had your time of gray clouds
The moon will shine and the stars will gleam
For mental illness can’t be as dark as it seems
Broken wings, broken brain
Together we will find a way

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